

SERFF Tracking Number:	SNLF-126252582	State:	Arkansas
Filing Company:	Sun Life Assurance Company of Canada	State Tracking Number:	43205
Company Tracking Number:	SS 90 REVISION		
TOI:	H03G Group Health - Accidental Death & Dismemberment	Sub-TOI:	H03G.000 Health - Accidental Death & Dismemberment
Product Name:	Group AD&D		
Project Name/Number:	SS 90 Revision/		

Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: Group AD&D	SERFF Tr Num: SNLF-126252582	State: Arkansas
TOI: H03G Group Health - Accidental Death & Dismemberment	SERFF Status: Closed-Approved-Closed	State Tr Num: 43205
Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment	Co Tr Num: SS 90 REVISION	State Status: Approved-Closed
Filing Type: Form	Reviewer(s): Rosalind Minor	
	Authors: James Crowley, Sandra Silcott, Marion Pagluica, Lori Chilcote, Pauline Michaud, Ellen Thibodeau, Linda Murphy, Frank Jancura	Disposition Date: 08/24/2009
	Date Submitted: 08/12/2009	Disposition Status: Approved-Closed
Implementation Date Requested:		Implementation Date:
State Filing Description:		

General Information

Project Name: SS 90 Revision	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 08/24/2009	Explanation for Other Group Market Type:
	State Status Changed: 08/24/2009
Deemer Date:	Created By: Lori Chilcote
Submitted By: Sandra Silcott	Corresponding Filing Tracking Number:
Filing Description:	
RE: Sun Life Assurance Company of Canada NAIC #: 80802; FEIN: 38-1082080	
Group Life and Disability Income Rider and Endorsement Policy Forms	

SERFF Tracking Number: SNLF-126252582 State: Arkansas
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TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: Group AD&D
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09P-LH-END.2 Policy Endorsement
09P-LH-PORT Life Portability Rider
09P-LH-LTDPORT LTD Portability Rider
09P-LH-BDB Brain Damage Benefit
09P-LH-CPE COBRA Premium Expense Benefit
09P-LH-HIV HIV Occupational Accident Benefit
09P-LH-HHC Home Health Care Benefit
09P-LH-HEP Occupational Hepatitis Benefit
09P-LH-PC Parent Care Benefit
09P-LH-RSB Reconstructive Surgery Benefit

Group Life and Disability Income Rider and Endorsement Certificate Forms

09C-LH-END.2 Certificate Endorsement
09C-LH-PORT Life Portability Rider
09C-LH-LTDPORT LTD Portability Rider
09C-LH-BDB Brain Damage Benefit
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09C-LH-HEP Occupational Hepatitis Benefit
09C-LH-PC Parent Care Benefit
09C-LH-RSB Reconstructive Surgery Benefit

Dear Commissioner Bradford:

We are submitting the above-referenced forms for your approval. These are new forms and do not replace any forms previously placed on file with your department. The forms will be used initially with our group policy and certificate forms 93P-LH and 93C-LH, and our group Voluntary AD&D policy and certificate forms 98P-ADD and 98C-ADD.

The [bracketed] material is intended to be illustrative and variable to accommodate the requirements of individual policyholders. Language may be changed to reflect benefits mandated by your state laws or regulations or federal legislation. We have enclosed a Statement of Variability, which identifies exactly how language may be changed. We will not vary language outside these parameters without your prior written approval.

These forms are exempt from filing in our state of domicile, Michigan.

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<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>Group AD&D</i>		
<i>Project Name/Number:</i>	<i>SS 90 Revision/</i>		

Attached to this filing are any applicable state required fees, transmittal forms, and certifications.

We request the Department's approval of the enclosed forms. If you have any questions or comments regarding this submission, please contact me at 860-737-1083 or email me at ellen.thibodeau@sunlife.com

Sincerely,

Ellen Thibodeau
Senior Consultant
State Filing

Company and Contact

Filing Contact Information

Sandra Silcott, Compliance Consultant	Sandra.Silcott@sunlife.com
One Sun Life Executive Park	800-432-1102 [Phone] 3914 [Ext]
State Filings, SC4290	781-416-3970 [FAX]
Wellesley Hills, MA 02481	

Filing Company Information

Sun Life Assurance Company of Canada	CoCode: 80802	State of Domicile: Michigan
175 Addison Road	Group Code: 549	Company Type:
Windsor, CT 06095	Group Name:	State ID Number:
(860) 737-1000 ext. [Phone]	FEIN Number: 38-1082080	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

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<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>Group AD&D</i>		
<i>Project Name/Number:</i>	<i>SS 90 Revision/</i>		
Fee Explanation:	Policy Forms		
Per Company:	No		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sun Life Assurance Company of Canada	\$50.00	08/12/2009	29804956

<i>SERFF Tracking Number:</i>	<i>SNLF-126252582</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Group AD&D</i>		
<i>Project Name/Number:</i>	<i>SS 90 Revision/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/24/2009	08/24/2009

<i>SERFF Tracking Number:</i>	<i>SNLF-126252582</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Group AD&D</i>		
<i>Project Name/Number:</i>	<i>SS 90 Revision/</i>		

Disposition

Disposition Date: 08/24/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SNLF-126252582 State: Arkansas

Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 43205

Company Tracking Number: SS 90 REVISION

TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Product Name: Group AD&D

Project Name/Number: SS 90 Revision/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Policy Endorsement	Approved-Closed	Yes
Form	Life Portability Rider	Approved-Closed	Yes
Form	LTD Portability Rider	Approved-Closed	Yes
Form	Brain Damage Benefit	Approved-Closed	Yes
Form	COBRA Premium Expense Benefit	Approved-Closed	Yes
Form	HIV Occupational Accident Benefit	Approved-Closed	Yes
Form	Home Health Care Benefit	Approved-Closed	Yes
Form	Occupational Hepatitis Benefit	Approved-Closed	Yes
Form	Parent Care Benefit	Approved-Closed	Yes
Form	Reconstructive Surgery Benefit	Approved-Closed	Yes
Form	Certificate Endorsement	Approved-Closed	Yes
Form	Life Portability Rider	Approved-Closed	Yes
Form	LTD Portability Rider	Approved-Closed	Yes
Form	Brain Damage Benefit	Approved-Closed	Yes
Form	COBRA Premium Expense Benefit	Approved-Closed	Yes
Form	HIV Occupational Accident Benefit	Approved-Closed	Yes
Form	Home Health Care Benefit	Approved-Closed	Yes
Form	Occupational Hepatitis Benefit	Approved-Closed	Yes
Form	Parent Care Benefit	Approved-Closed	Yes
Form	Reconstructive Surgery Benefit	Approved-Closed	Yes

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TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Product Name: Group AD&D

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/24/2009	09P-LH-END.2	Policy/Cont Policy Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.500	09P-LH-END.2.pdf
Approved-Closed 08/24/2009	09P-LH-PORT	Policy/Cont Life Portability Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.500	09P-LH-PORT.pdf
Approved-Closed 08/24/2009	09P-LH-LTDPORT	Policy/Cont LTD Portability Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.500	09P-LH-LTDPORT.pdf
Approved-Closed 08/24/2009	09P-LH-BDB	Policy/Cont Brain Damage ract/Fratern Benefit al	Initial		52.500	09P-LH-BDB.pdf

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<i>Product Name:</i>	<i>Group AD&D</i>		
<i>Project Name/Number:</i>	<i>SS 90 Revision/</i>		
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved- 09P-LH- Closed CPE 08/24/2009	Policy/Cont COBRA Premium ract/Fratern Expense Benefit al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52.500 09P-LH- CPE.pdf
Approved- 09P-LH- Closed HIV 08/24/2009	Policy/Cont HIV Occupational ract/Fratern Accident Benefit al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52.500 09P-LH- HIV.pdf
Approved- 09P-LH- Closed HHC 08/24/2009	Policy/Cont Home Health Care ract/Fratern Benefit al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52.500 09P-LH- HHC.pdf
Approved- 09P-LH- Closed HEP 08/24/2009	Policy/Cont Occupational ract/Fratern Hepatitis Benefit al Certificate:	Initial	52.500 09P-LH- HEP.pdf

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Product Name:	Group AD&D			
Project Name/Number:	SS 90 Revision/ Amendmen t, Insert Page, Endorseme nt or Rider			
Approved-Closed 08/24/2009	09P-LH-PC Policy/Cont Parent Care Benefit ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52.500	09P-LH- PC.pdf
Approved-Closed 08/24/2009	09P-LH-RSB Policy/Cont Reconstructive ract/Fraternal Surgery Benefit al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52.500	09P-LH- RSB.pdf
Approved-Closed 08/24/2009	09C-LH-END.2 Certificate Certificate Amendmen Endorsement t, Insert Page, Endorseme nt or Rider	Initial	52.500	09C-LH- END.2.pdf
Approved-Closed 08/24/2009	09C-LH-POR Certificate Life Portability Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52.500	09C-LH- PORT.pdf
Approved-Closed	09C-LH-LTDPORT Certificate LTD Portability Rider Amendmen	Initial	52.500	09C-LH- LTDPORT.pdf

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08/24/2009	t, Insert Page, Endorseme nt or Rider		
Approved- 09C-LH- Closed BDB 08/24/2009	Certificate Brain Damage Amendmen Benefit t, Insert Page, Endorseme nt or Rider	Initial 52.500	09C-LH- BDB.pdf
Approved- 09C-LH- Closed CPE 08/24/2009	Certificate COBRA Premium Amendmen Expense Benefit t, Insert Page, Endorseme nt or Rider	Initial 52.500	09C-LH- CPE.pdf
Approved- 09C-LH- Closed HIV 08/24/2009	Certificate HIV Occupational Amendmen Accident Benefit t, Insert Page, Endorseme nt or Rider	Initial 52.500	09C-LH- HIV.pdf
Approved- 09C-LH- Closed HHC 08/24/2009	Certificate Home Health Care Amendmen Benefit t, Insert Page, Endorseme nt or Rider	Initial 52.500	09C-LH- HHC.pdf
Approved- 09C-LH- Closed HEP 08/24/2009	Certificate Occupational Amendmen Hepatitis Benefit t, Insert Page, Endorseme nt or Rider	Initial 52.500	09C-LH- HEP.pdf
Approved- 09C-LH-PC Closed 08/24/2009	Certificate Parent Care Benefit Amendmen t, Insert	Initial 52.500	09C-LH- PC.pdf

<i>SERFF Tracking Number:</i>	<i>SNLF-126252582</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Group AD&D</i>		
<i>Project Name/Number:</i>	<i>SS 90 Revision/</i>		
	<i>Page,</i>		
	<i>Endorseme</i>		
	<i>nt or Rider</i>		
Approved- 09C-LH- Closed RSB 08/24/2009	Certificate Reconstructive Amendmen Surgery Benefit t, Insert Page, Endorseme nt or Rider	Initial	52.500
			09C-LH- RSB.pdf

SUN LIFE ASSURANCE COMPANY OF CANADA

ENDORSEMENT

This Endorsement is made part of the Policy to which it is attached.

1 [I. The following is added to the definition of Own Occupation in the STD Definitions Section:

2[Own Occupation, for a Physician, means the general or sub-specialty in which he is practicing for which there is a specialty or sub-specialty recognized by the American Board of Medical Specialties. If the sub-specialty in which the Physician is practicing is not recognized by the American Board of Medical Specialties, he will be considered practicing in the general specialty category.]

3[Own Occupation, for an attorney, means the specialty in the practice of law which he is routinely performing.]

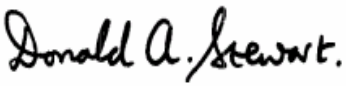
4[Own Occupation for a Dentist means the general or sub-specialty in which he is practicing for which there is a specialty or sub-specialty recognized by the American Dental Association. If the sub-specialty in which the Dentist is practicing is not recognized by the American Dental Association, he will be considered practicing in the general specialty category.]]

5 [II. The following is added to the definition of Material and Substantial Duties in the STD Definitions Section:

“Material and Substantial Duties” for a **6[Physician]** **7[Dentist]** means the actual procedures he is regularly and continuously performing during the **9[12 consecutive months]** immediately prior to the first date of Total **8[or Partial]** Disability.

SUN LIFE ASSURANCE COMPANY OF CANADA

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 [

10[Donald A. Stewart, Chief Executive Officer]

SUN LIFE ASSURANCE COMPANY OF CANADA
PORTABILITY RIDER

Effective **1**[January 1, 2009], the following provision is added to Group Policy No. **2**[12345] Life Insurance Benefit Provision.

PORTABILITY PRIVILEGE

Portability Privilege

Benefit

If **3**[, prior to age **4**[70],] an Employee's **5**[Optional] Life Insurance ceases because the Employee terminates employment, the Employee may apply for coverage on the Employee's own life (the "Portable Coverage") up to the amount of Employee **5**[Optional] Life Insurance that ceased to a maximum of **6**[\$500,000]. Amounts in excess of the maximum may be converted to an individual life insurance policy under the Conversion Privilege.

Eligibility for **5[Optional] Portable Life coverage**

An Employee is not eligible to apply for Portable Coverage if:

- **3**[the Employee is age **4**[70] or older; or]
- **7**[the Employee's employment or Employee **5**[Optional] Life Insurance ceased because:
 - 7**[(a) the Employee retired; or]
 - 7**[(b) the hours the Employee works for the Employer have been reduced; or]
 - 7**[(c) the Employee remains employed with the Employer on a part-time basis; or]
 - 7**[(d) the Employee is on military leave; or]
- **7**[prior to termination of employment, the Employee suffers an injury or sickness that results in a life expectancy of less than **8**[12] months; or]
- **7**[the Employee's insurance is being continued under the Waiver of Premium Provision; or]
- **7**[The Employee is not a United States citizen or legal resident; or]
- The Employee is residing outside the United States **9**[or Canada] on the date the Employee's insurance terminated.

If the Employee is entitled to apply for Portable Coverage, the Employee may also continue any **10**[Employee **5**[Optional] Accidental Death and Dismemberment Insurance, Dependent **11**[spouse] **5**[Optional] Life Insurance, Dependent **11**[spouse] **5**[Optional] Accidental Death and Dismemberment Insurance] that ceased due to the termination of the Employee's employment **14**[subject to the restrictions for Dependent Portable **11**[spouse] Coverage below].

SUN LIFE ASSURANCE COMPANY OF CANADA

PORTABILITY RIDER

Application for portable coverage

If the Employee's application is approved and the first premium is paid when due, the Employee's coverage will start on the day after the **12**[31 day] conversion period. If the Employee's application is declined, the Employee will be given a **12**[31 day] period to apply for an individual **13**[permanent] life policy under the conversion privilege.

An Employee's Dependent **9**[spouse] can apply for portable coverage and pay the first premium within **12**[31 days] of the date the Employee's Dependent **11**[spouse]'s Life Insurance ceases due to:

- 7**[- the Employee's death;]
- 7**[- divorce; or]
- 7**[- termination of a domestic partnership or civil union partnership; or]
- 7**[- the Employee's Dependent child reaching the maximum age.]

If the Employee's Dependent **11**[spouse]'s application is declined, the Employee's Dependent **11**[spouse] will be given a **12**[31 day] period to apply for an individual **13**[permanent] life policy

14[Limitations on Dependent Portable Coverage]

An Employee is not eligible to apply for Portable Coverage on the Employee's Dependent **11**[spouse] if:

- **3**[the Dependent spouse is age **4**[70] or older; or]
 - **7**[the Dependent [spouse] is on Military Leave; or]
 - **7**[on or before the date of the Employee's termination of employment, the Employee's Dependent **11**[spouse] suffers an injury or sickness that results in a life expectancy of less than **8**[12] months; or]
 - the Employee's Dependent **11**[spouse] is not a citizen or legal resident of the United States;
- or
- the Employee's Dependent **11**[spouse] is residing outside of the United States **9**[or Canada] on the date the Employee's employment terminated.]

If the Employee had previously exercised his or her rights under the Group Policy's Conversion Privilege or Portability Privilege, the amount of any Employee **14**[or Dependent] Insurance that the Employee can apply for under the Portability Privilege will be reduced by the amount of any insurance remaining in force under any policy issued to the Employee as a result of the exercise of those rights under the Group Policy.

If the Employee converts coverage under the Conversion Privilege the Employee will not be eligible to apply for Portable Coverage for that same coverage under the Group Policy.

If the Employee applies for Dependent **11**[spouse] coverage under the Portability Privilege, the Employee's Dependent **11**[spouse] may not also apply for Dependent **11**[spouse] coverage.

SUN LIFE ASSURANCE COMPANY OF CANADA

PORTABILITY RIDER

1. To apply for Portable Coverage, the Employee **14**[or the Employee's Dependent **11**[spouse] must submit a written application to Sun Life within **12**[31 days] from the date the Employee's Employee or Dependent **5**[Optional] Life Insurance ceased.
2. **17**[Evidence of Insurability must be provided to Sun Life in order to qualify for Portable Coverage.]
3. Portable Coverage will not take effect until Sun Life approves the Employee's **14**[or the Employee's Dependent **11**[spouse]'s application for Portable Coverage and receives the first premium payment.
4. Portable Coverage will be provided under a group term life insurance policy that provides group term life **15**[and accidental death and dismemberment] insurance only. The Portable Coverage insurance policy does not provide any other benefit.
5. The premium will be the current rate Sun Life charges for the standard class of risk and age to which the Employee **14**[or the Employee's Dependent **11** spouse] belong under the Portable Group Life Policy.
6. If the application for Portable Coverage is declined by Sun Life, the Employee **14**[or the Employee's Dependent **11**[spouse] will be given **12**[31] days, commencing on the date the application is declined, to convert to an individual policy under the Conversion Privilege.

Termination of Portable Coverage

Portable Coverage will terminate on the occurrence of the earliest of the following:

- the date for which the last premium has been paid by the Employee; or
- 3**[- the date the Employee attains age **4**[70]; or]
- 7**[- the expiration of **16**[10] years from the date the Employee's Portable Coverage begins; or]
- 3**[- the date the Employee's Dependent spouse attains age **4**[70] **14**[for Dependent spouse Portability Coverage]; or]
- the date the insurance policy that provides the Portable Coverage terminates.

When Portable Coverage terminates, the Employee will have the right to convert the amount of coverage to an individual policy.

SUN LIFE ASSURANCE COMPANY OF CANADA

18 [*Donald A. Stewart.*]

18[Donald A. Stewart, Chief Executive Officer]

SUN LIFE ASSURANCE COMPANY OF CANADA
PORTABILITY RIDER

Effective **1**[January 1, 2009], the following provision is added to Group Certificate No. **2**[12345] Long Term Disability Insurance Benefit Provision.

LTD Portability

Benefit

An Employee may elect to continue LTD Insurance for up to **3**[12] months if all of the following requirements are met:

- The Employee has been continuously insured under the Employer's Sun Life Group **4**[Voluntary] Long Term Disability Income Insurance Policy for at least **5**[12] consecutive months;
- The Employee's LTD Insurance ceases because the Employee voluntarily terminates employment for reasons other than retirement, Sickness or Injury;
- The Employer's Group **4**[Voluntary] LTD Insurance Policy is still in force;
- **6**[The Employee is under age **7**[65] at the time employment terminates;]
- The Employee is not Totally **8**[or Partially] Disabled on the date employment terminates;
- 9**[- The Employee secures new employment on a Full-Time Basis with a subsequent employer within **10**[60] days after Insurance terminates;] and
- **11** [The Employee is not covered under any other individual, group or employer sponsored LTD plan.]

Application for Portable LTD Insurance

The Employee must complete an application for portable LTD Insurance, and send it, with payment of the first premium, to Sun Life within **12**[31] days of the date the Employee's LTD Insurance terminates. The application is available from the Employer.

The Employee's Insurance will start on the day after the Employee's LTD Insurance under the Employer's Group **4**[Voluntary] LTD Policy terminates, if Sun Life approves the Employee's application and payment of the first premium is made. The premium for the Portable LTD Insurance will be **13**[the same as the premium for the Group **4**[Voluntary] LTD] **14**[the current rate Sun Life charges for the standard class of risk and age to which the Employee belongs under the Portable Group LTD Policy] and will be billed directly to the Employee.

SUN LIFE ASSURANCE COMPANY OF CANADA
PORTABILITY RIDER

The Employee may apply for portable LTD Insurance up to the amount of **4**[Voluntary] LTD coverage in force on the date the Employee's Insurance terminates. The Employee's Elimination Period, Monthly Benefit Percentage and the Maximum Monthly Benefit will remain the same as the Employee had under the Employer's Group Policy. **15** [However, the Maximum Monthly Benefit will not be more than **16**[\$10,000].] The Maximum Benefit Duration under the Portable plan is **3**[12] months.

Termination of Portable LTD Insurance

The Employee's Portable LTD Insurance will terminate on the earliest of:

- The end of the **12**[31 day] grace period after a premium due date, if premium is not paid;
- The date the Employee reaches age **17**[65];
- The date the Employee retires;
- The end of the Maximum Benefit Duration period **18** [; or
- [- The end of **19**[60] days from the effective date of the Portable LTD Coverage if the Employee is not an Active Full-time Employee at the end of the **19**[60] day period].

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20[Donald A. Stewart, Chief Executive Officer]

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BRAIN DAMAGE BENEFIT RIDER

Effective **1**[January 1, 2009], the following provision is added to Group Policy No. **2**[12345]

Brain Damage Benefit

Sun Life will pay a Brain Damage Benefit if an **3**[Employee] **4**[Insured Person] suffers an Accidental Bodily Injury that results in Brain Damage while insured.

A Benefit is payable when Sun Life receives proof that an **3**[Employee] **4**[Insured Person] suffers Brain Damage if:

1. within **5**[30 days] after the accident, the **3**[Employee] **4**[Insured Person] is diagnosed by a Physician as having suffered Brain Damage as a result of the accident; and
2. the **3**[Employee] **4**[Insured Person] is in a Hospital or other licensed facility and is receiving Medically Necessary treatment for Brain Damage as prescribed and supervised by a Physician, within the first **5**[30 days] following the Accident; and
3. the Brain Damage continues for **6**[12 consecutive months]; and
4. after **6**[12 consecutive months], a Physician certifies that the Brain Damage is permanent, complete and irreversible.

The amount payable for the Brain Damage Benefit is **7**[the lesser of]:

- **8****9**[25%] of the amount of **10**[Basic] AD&D Benefit payable, or]
- **11**[\$50,000].

The benefit is payable in a lump-sum.

The maximum amount of AD&D benefit payable for losses resulting from any one accident is 100% of the amount of AD&D benefit in force.

If the **3**[Employee] **4**[Insured Person] dies within [365 days] of the date of the accident, a benefit equal to the **3**[Employee] **4**[Insured Person]'s amount of AD&D Insurance in force will be paid to the **3**[Employee] **4**[Insured Person]'s Beneficiary.

For purposes of this benefit:

Activities of Daily Living means:

- Bathing - the ability to wash, either in the tub or shower or by sponge bath, with or without equipment or adaptive devices.
- Dressing - the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn.
- Toileting - the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene, and to care for clothing.

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BRAIN DAMAGE BENEFIT RIDER

- Transferring - the ability to move in and out of a chair or bed with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices.
- Continence - the ability to either:
 - voluntarily control bowel and bladder function; or
 - if incontinent, be able to maintain a reasonable level of personal hygiene.
- Eating - the ability to get nourishment into the body.

Brain Damage means a nondegenerative, noncongenital insult to the brain from an external force leading to permanent impairment of cognitive, physical and psychological functions with an associated diminished or altered state of consciousness that results in the loss of **12**[2] or more Activities of Daily Living. Brain Damage does not include alcoholism, Alzheimer's Disease, or infirmities of age.

Medically Necessary means a medical or dental service, supply or course of treatment which:

1. is ordered or prescribed by a Physician;
2. is appropriate and consistent with the patient's diagnosis;
3. is in accord with current accepted medical or dental practice; and
4. could not be eliminated without adversely affecting the patient's condition.

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3[COBRA] PREMIUM EXPENSE BENEFIT RIDER

Effective 1[January 1, 2009], the following provision is added to Group Policy No. 2[12345].

3[COBRA] Premium Expense Benefit

Sun Life will pay a 3[COBRA] Premium Expense Benefit if an 4[Employee] 5[Insured Person] dies as a result of an Accidental Bodily Injury and an Accidental Death benefit is payable.

A 3[COBRA] Premium Expense Benefit is payable only if the 4[Employee] 5[Insured Person] has a surviving spouse 6[domestic partner, civil union partner] or a dependent child who:

1. is eligible to continue group medical and/or dental insurance coverage through an employer sponsored group medical or dental plan within the time periods required by the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, including changes made by the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and
2. elects to continue group medical or dental coverage through an employer sponsored group medical or dental plan within the time periods prescribed by 3[COBRA].

Benefit

The 3[COBRA] Premium Expense Benefit is 7[the lesser of]:

1. 8[2%] of the AD&D benefit payable; or
2. the cost of the 3[COBRA] premiums paid, up to the annual maximum amount of 9[\$10,000].


The 3[COBRA] Premium Expense Benefit will be paid on 10[an annual basis].

Termination of the 3[COBRA] Premium Expense Benefit

The 3[COBRA] Premium Expense Benefit will terminate on the earliest of:

1. the date the employer sponsored group medical or dental plan terminates;
2. the date the surviving spouse 6[, domestic partner, civil union partner] or dependent child terminates 3[COBRA];
3. the date the surviving spouse 6[,domestic partner, civil union partner] or dependent child becomes covered under any other employer sponsored Medical and/or Dental plan without an applicable pre-existing condition exclusion;
4. the date the surviving spouse 6[, domestic partner, civil union partner] or dependent child becomes eligible for Medicare;
5. the date the surviving spouse 6[domestic partner, civil union partner] or dependent child fails to give Sun Life the required proof of premium payments made to the employer for 3[COBRA] Premium expense;
6. the date the total 3[COBRA] Premium Expense benefits paid in any 11[12 month] period equal the annual maximum amount for the 3[COBRA] Premium Expense Benefit; or
7. 12[36 months] from the date the 4[Employee] 5[Insured Person] dies.

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HIV OCCUPATIONAL ACCIDENT BENEFIT RIDER

Effective **1**[January 1, 2009], the following provision is added to Group Policy No. **2**[12345]

HIV Occupational Accident Benefit

If, while insured, an Employee suffers an occupational Accidental Bodily Injury that results in the Employee acquiring and testing positive for Human Immunodeficiency Virus (HIV) within **3**[180 days] of the Accidental Bodily Injury, Sun Life will pay an HIV Occupational Accident Benefit, if the Employee satisfies all of the following:

- The Employee must report the Occupational Injury to the Employer within **4**[72 hours] after the Occupational Injury occurs.
- The Employee must submit a Workers' Compensation report to the Employer within **5**[30 days] after the Occupational Injury occurs.
- The Employee must submit to HIV testing at a laboratory or similar facility licensed to perform such testing within **4**[72 hours] after the Occupational Injury occurs. Testing is at the Employee's expense. If the test results indicate that the Employee is HIV positive, then the HIV will be deemed to have been present before the Employee suffered the Occupational Injury and no benefit is payable.
- If the test results indicate that the Employee is HIV negative then the Employee must submit to retesting no sooner than **5**[150 days] and no later than **3**[180 days] after the Occupational Injury. If the retesting indicates that the Employee is HIV positive, an HIV Occupational Benefit will be payable. If retesting indicates that the Employee is HIV negative, no HIV Occupational Benefit is payable.

The HIV Occupational Accident Benefit payable is **6**[the lesser of]:

- **7****8**[25%] of the Employee's amount of **9**[Optional] Accidental Death and Dismemberment Benefit in force; or]
 - **10**[\$50,000];
- 11**[reduced by any benefit payable under the Group Policy for the same accident].

The benefit is payable in a single lump-sum payment.

Exclusions

No HIV Occupational Accident Benefit will be paid if the Employee's HIV positive test result was:

- first diagnosed prior to the date the Employee became insured under the Group Policy;
- directly related to any signs or symptoms of HIV infection for which the Employee sought medical treatment prior to becoming insured under the Group Policy;
- not caused by a documented Occupational Injury; or
- caused by an Occupational Injury that occurred prior to the date the Employee became insured under the Group Policy.

All other Policy exclusions apply.

For purposes of this benefit:

HIV means Human Immunodeficiency Virus, a virus that infects lymphocytes and other cells bearing the CD4 marker, the initial infection of which is known as acute retro viral syndrome.

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HIV OCCUPATIONAL ACCIDENT BENEFIT RIDER

Occupational Injury means an accidental exposure to bodily fluids subject to universal precautions as defined by the Center for Disease Control (CDC) sustained by an Employee while insured under the Group Policy and while the Employee is performing duties as a **12**[healthcare professional] in his or her capacity as an Employee of the Employer.

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HOME HEALTH CARE BENEFIT RIDER

Effective **1**[January 1, 2009], the following provision is added to Group Policy No. **2**[12345]

Home Health Care Benefit

If, while insured, an **3**[Employee] **4**[Insured Person] suffers an Accidental Bodily Injury that causes the **3**[Employee] **4**[Insured Person] to be confined at home for at least **5**[7 days] after a Hospital stay of at least **6**[15 days], Sun Life will reimburse the Employee for Home Health Care expenses provided and billed by a Home Health Agency, up to the maximum benefit amount payable for the Home Health Care Benefit. The expenses must be incurred within **7**[18 months] from the date of the Accidental Bodily Injury.

The Home Health Care Benefit payable is the lesser of:

- the charges for Home Health Care, reduced by any amount already paid or payable by any Other Plan for Home Health Care services; or
- **8**[\$5,000].

No Home Health Care Benefit is payable if:

1. the Home Health Care services are for treatment that is educational, experimental or investigational, or does not constitute accepted medical practice; or
2. the Home Health Care services are provided by a person who is an Immediate Family Member.

For purposes of this benefit:

Home Health Agency means an entity engaged in arranging and providing nursing services, home health aide services or other therapeutic and related services. The entity must be certified by a competent governmental authority in the jurisdiction where services are rendered, as meeting the requirements of Title XVIII of the Social Security Act, as amended, for home health agencies.

Home Health Care means Medically Necessary services provided in the home and billed by a Home Health Agency. The services must be prescribed and supervised by a Physician in accordance with a medical treatment plan.

Immediate Family Member means:

1. the **3**[Employee's] **4**[Insured Person's] spouse, domestic partner or civil union partner; and
2. the following relatives of the **3**[Employee] **4**[Insured Person]'s spouse, domestic partner or civil union partner, including adopted, in-law and step-relatives:
 - parent;
 - grandparent;
 - child;
 - grandchild;
 - brother;
 - sister;
 - aunt;
 - uncle;
 - nephew or niece

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HOME HEALTH CARE BENEFIT RIDER

Medically Necessary means a medical service, supply or course of treatment which:

1. is ordered or prescribed by a Physician;
2. is appropriate and consistent with the patient's diagnosis;
3. is in accord with current accepted medical practice; and
4. could not be eliminated without adversely affecting the patient's condition.

Medical Services means services that are Medically Necessary, including but not limited to:

1. Medical care and treatment prescribed by a Physician;
2. Drugs and medicines prescribed by a Physician;
3. Physical therapy, including diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation and massage;
4. Treatment performed by a licensed medical professional when prescribed by a Physician, if hospitalization would have been otherwise required;
5. Rental of durable medical equipment;
6. Artificial limbs and other prosthetic devices;
7. Orthopedic appliances or braces.

Other Plan means any other insurance or payment source for Medical Services or disability, including but not limited to, health coverage, long term care insurance, disability insurance, Workers' Compensation insurance, or any coverage provided or required by any law or statute, including automobile no fault insurance, employer sick leave or salary continuation plan, or any similar benefit provided or required by a governmental plan or program.

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OCCUPATIONAL HEPATITIS BENEFIT RIDER

Effective **1** [January 1, 2009], the following provision is added to Group Policy No. **2** [12345]

Occupational Hepatitis Benefit

If, while insured, an Employee suffers an occupational Accidental Bodily Injury that results in the Employee acquiring and testing positive for Hepatitis B or C within **3** [180 days] of the Accidental Bodily Injury, Sun Life will pay an Occupational Hepatitis Benefit, if the Employee satisfies all of the following:

- The Employee must report the Occupational Injury to the Employer within **4** [72 hours] of the Occupational Injury.
- The Employee must submit a Workers' Compensation report to the Employer within **5** [30 days] of the Occupational Injury.
- The Employee must submit to Hepatitis testing at a laboratory or similar facility licensed to perform such testing within **4** [72 hours] after the Occupational Injury. Testing will be at the Employee's expense. If the test results indicate that the Employee tested positive for Hepatitis B or C, then the Hepatitis will be deemed to have been present before the Employee suffered the Occupational Injury and no benefit is payable.
- If the test results indicate that the Employee tested negative for Hepatitis B or C, then the Employee must submit to retesting no sooner than **5** [150 days] and no later than **3** [180 days] after the Occupational Injury. If the subsequent test indicates that the Employee tested positive for Hepatitis B or C, an Occupational Hepatitis Benefit will be payable. If the subsequent test indicates that the Employee tested negative for Hepatitis B or C, no Occupational Hepatitis Benefit is payable.

The Occupational Hepatitis Benefit payable is **6** [the lesser of]:

- **7** [**8** [25%] of The Employee's amount of **9** [Optional] Accidental Death and Dismemberment Benefit in force, or];
 - **10** [\$50,000];
- 11** [reduced by any benefit payable under the Group Policy for the same accident].

The benefit is payable in a single lump-sum payment.

Exclusions

No Occupational Hepatitis Benefit will be paid if:

- the Employee first tested positive for Hepatitis B or C prior to the date the Employee became insured under the Group Policy;
- the Employee's positive Hepatitis test was directly related to any signs or symptoms of Hepatitis infection for which the Employee sought medical treatment prior to becoming insured under the Group Policy;
- the Employee's positive Hepatitis diagnosis was not due to a documented Occupational Injury; or
- the Employee's positive Hepatitis diagnosis was caused by an Occupational Injury that occurred prior to the date the Employee became insured under the Group Policy.

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OCCUPATIONAL HEPATITIS BENEFIT RIDER

For purposes of this benefit:

Occupational Injury means an accidental exposure to bodily fluids subject to universal precautions as defined by the Center for Disease Control (CDC) sustained by an Employee while insured under the Group Policy and while the Employee is performing duties as a **12**[healthcare professional] in his or her capacity as an Employee of the Employer.

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PARENT CARE RIDER

Effective **1**[January 1, 2009], the following provision is added to Group Policy No. **2**[12345]

Parent Care Benefit

If, while insured, an **3**[Employee] **4**[Insured Person] suffers an Accidental Bodily Injury that results in the **3**[Employee's] **4**[Insured Person's] death, Sun Life will pay a Parent Care Benefit in equal shares to each of the **3**[Employee's] **4**[Insured Person's] Dependent Parents, up to the maximum benefit amount for the Parent Care Benefit.

The Parent Care Benefit payable is **5**[\$5,000] [the lesser of:


- **6**[1%] of the **3**[Employee's] **4**[Insured Person's] amount of **7**[Optional] AD&D payable; or
- **8**[\$5,000].

No benefit is payable if there are no surviving Dependent Parents upon the **3**[Employee's] **4**[Insured Person's] death.

For purposes of this benefit:

Dependent Parent means the parents **9**[or grandparents] of the **3**[Employee] **4**[Insured Person] **10**[or the **3**[Employee's] **4**[Insured Person's] spouse, domestic partner or civil union partner] who depends on the **3**[Employee] **4**[Insured Person], for financial support as evidenced by the **3**[Employee] **4**[Insured Person's] federal income tax return or other appropriate documentation.

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RECONSTRUCTIVE SURGERY RIDER

Effective **1**[January 1, 2009], the following provision is added to Group Policy No. **2**[12345]

Reconstructive Surgery Benefit

If an **3**[Employee] **4**[Insured Person] suffers an Accidental Bodily Injury while insured and a Physician determines that Reconstructive Surgery is Medically Necessary, Sun Life will reimburse the Reasonable and Customary Charges incurred for the Reconstructive Surgery up to the maximum benefit amount for the Reconstructive Surgery Benefit, if an Accidental Dismemberment benefit is payable.

The Reconstructive Surgery Benefit is the lesser of:

- the Reasonable and Customary Charges for the Reconstructive Surgery, reduced by any amount already paid or payable under this Policy or by any Other Plan for Reconstructive Surgery; or
- **5**[\$10,000] **6**[7[2%] of the **8**[Optional] Accidental Dismemberment Benefit payable, to a maximum benefit of **9**[\$20,000];

reduced by any benefit payable under the Group Policy for the same accident.

For purposes of this benefit:

Medically Necessary means a medical or dental service, supply or course of treatment which:

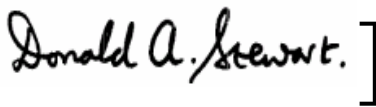
1. is ordered or prescribed by a Physician;
2. is appropriate and consistent with the patient's diagnosis;
3. is in accord with current accepted medical or dental practice; and
4. could not be eliminated without adversely affecting the patient's condition.

Other Plan means any other insurance or payment source for Medical Services or disability, including but not limited to, health coverage, disability insurance, Workers' Compensation insurance, or any coverage provided or required by any law or statute, including automobile no fault insurance, employer sick leave or salary continuation plan, or any similar benefit provided or required by a governmental plan or program.

Reasonable and Customary Charge means the lesser of:

1. The usual charge made by a Physician or other health care providers for a given service or supply; or
2. The charge Sun Life determines to be the prevailing charge made by Physicians or other health care providers for a given service or supply in the geographical area where it is furnished.

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ENDORSEMENT

This Endorsement is made part of the Booklet-Certificate to which it is attached.

I. 1[The following is added to the definition of Own Occupation in the STD Definitions Section:

2[Own Occupation, if you are a Physician, means the general or sub-specialty in which you are practicing for which there is a specialty or sub-specialty recognized by the American Board of Medical Specialties. If the sub-specialty in which you are practicing is not recognized by the American Board of Medical Specialties, you will be considered practicing in the general specialty category.]

3[Own Occupation, if you are an attorney, means the specialty in the practice of law which you are routinely performing.]

4[Own Occupation for a Dentist means the general or sub-specialty in which you are practicing for which there is a specialty or sub-specialty recognized by the American Dental Association. If the sub-specialty in which you are practicing is not recognized by the American Dental Association, you will be considered practicing in the general specialty category.]]

II. 5[The following is added to the definition of Material and Substantial Duties in the LTD Definitions Section:

“Material and Substantial Duties” for a **6[Physician]** **7[Dentist]** means the actual procedures you are regularly and continuously performing during the **8[12 consecutive months]** immediately prior to the first date of Total **9[or Partial]** Disability.]

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SUN LIFE ASSURANCE COMPANY OF CANADA
PORTABILITY RIDER

Effective [January 1, 2009], the following provision is added to Group Certificate No. [12345] Life Insurance Benefit Provision.

PORTABILITY PRIVILEGE

What is the Portability Privilege?

If [, prior to age [70],] your Employee [Optional] Life Insurance ceases because you terminate employment, you may apply for coverage on your own life (the “Portable Coverage”) up to the amount of Employee [Optional] Life Insurance that ceased to a maximum of [\$500,000]. Amounts in excess of the maximum may be converted to an individual life insurance policy under the Conversion Privilege.

Are there reasons why I would not be eligible to apply for [Optional] Portable Life coverage?

You are not eligible to apply for Portable Coverage if:

- [you are age [70] or older; or]
- [your employment or Employee [Optional] Life Insurance ceased because:
 - [(a) you retired; or]
 - [(b) the hours you work for your Employer have been reduced; or]
 - [(c) you remain employed with your Employer on a part-time basis; or]
 - [(d) you are on military leave; or]]
- [prior to termination of employment, you suffer an injury or sickness that results in a life expectancy of less than [12] months; or]
- [your insurance is being continued under the Waiver of Premium Provision; or]
- you are not a United States citizen or legal resident; or]
- you are residing outside the United States [or Canada] on the date your insurance terminated.

What kinds of insurance are portable?

If you are entitled to apply for Portable Coverage, you may also continue any [Employee [Optional] Accidental Death and Dismemberment Insurance, Dependent [spouse] [Optional] Life Insurance, Dependent [spouse] [Optional] Accidental Death and Dismemberment Insurance] that ceased due to the termination of your employment [subject to the restrictions for Dependent Portable [spouse] Coverage below].

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PORTABILITY RIDER

When does my portable coverage start?

If your application is approved and the first premium is paid when due, your coverage will start on the day after the [31 day] conversion period. If your application is declined, you will be given a [31 day] period to apply for an individual [permanent] life policy under the conversion privilege.

[When can my Dependent [spouse] apply for portable coverage?

Your Dependent [spouse] can apply for portable coverage and pay the first premium within [31 days] of the date your Dependent [spouse]'s Life Insurance ceases due to:

- [- your death;]
- [- divorce; or]
- [- termination of your domestic partnership or civil union partnership; or]
- [- your Dependent child reaching the maximum age.]

If your Dependent [spouse]'s application is declined, your Dependent [spouse] will be given a [31 day] period to apply for an individual [permanent] life policy

Are there reasons I [or my Dependent spouse] would not be able to apply for Dependent [spouse] [Optional] Portable Life coverage?

You are not eligible to apply for Portable Coverage on your Dependent [spouse] if:

- [your Dependent spouse is age [70] or older; or]
- [your Dependent [spouse] is on Military Leave; or]
- [on or before the date of your termination of employment, your Dependent [spouse] suffers an injury or sickness that results in a life expectancy of less than [12] months; or]
- your Dependent [spouse] is not a citizen or legal resident of the United States; or
- your Dependent [spouse] is residing outside of the United States [or Canada] on the date your employment terminated.]

If you had previously exercised your rights under the Group Policy's Conversion Privilege or Portability Privilege, the amount of any Employee [or Dependent] Insurance that you can apply for under the Portability Privilege will be reduced by the amount of any insurance remaining in force under any policy issued to you as a result of the exercise of those rights under the Group Policy.

If you convert your coverage under the Conversion Privilege you will not be eligible to apply for Portable Coverage for that same coverage under the Group Policy.

If you apply for Dependent [spouse] coverage under the Portability Privilege, you Dependent [spouse] may not also apply for Dependent [spouse] coverage.

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PORTABILITY RIDER

How do I [or my Dependent [spouse]] apply for Portable Coverage?

1. To apply for Portable Coverage, you [or your Dependent [spouse]] must submit a written application to Sun Life within [31 days] from the date your Employee or Dependent [Optional] Life Insurance ceased.
2. [Evidence of Insurability must be provided to Sun Life in order to qualify for Portable Coverage.]
3. Portable Coverage will not take effect until Sun Life approves your [or your Dependent [spouse]]'s application for Portable Coverage and receives the first premium payment.
4. Portable Coverage will be provided under a group term life insurance policy that provides group term life [and accidental death and dismemberment] insurance only. The Portable Coverage insurance policy does not provide any other benefit.
5. The premium will be the current rate Sun Life charges for the standard class of risk and age to which you [or your Dependent [spouse]] belong under the Portable Group Life Policy.
6. If the application for Portable Coverage is declined by Sun Life, you [or your Dependent [spouse]] will be given [31] days, commencing on the date the application is declined, to convert to an individual policy under the Conversion Privilege.

When does Portable Coverage cease?

Portable Coverage will terminate on the occurrence of the earliest of the following:

- the date for which the last premium has been paid by you; or
- [- the date you attain age [70]; or]
- [- the expiration of [10] years from the date your Portable Coverage begins; or]
- [- the date your Dependent spouse attains age [70] [for Dependent spouse Portability Coverage]; or]
- the date the insurance policy that provides the Portable Coverage terminates.

When Portable Coverage terminates, you will have the right to convert the amount of coverage to an individual policy.

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**SUN LIFE ASSURANCE COMPANY OF CANADA
PORTABILITY RIDER**

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PORTABILITY RIDER

Effective [January 1, 2009], the following provision is added to Group Certificate No. [12345] Long Term Disability Insurance Benefit Provision.

What is the LTD Portability Option?

You may elect to continue your LTD Insurance for up to [12] months if you meet all of the following requirements:

- You have been continuously insured under your Employer's Sun Life Group [Voluntary] Long Term Disability Income Insurance Policy for at least [12] consecutive months;
- Your LTD Insurance ceases because you voluntarily terminate employment for reasons other than retirement, Sickness or Injury;
- Your Employer's Group [Voluntary] LTD Insurance Policy is still in force;
- [You are under age [65] at the time your employment terminates;]
- You are not Totally [or Partially] Disabled on the date your employment terminates;
- [- You secure new employment on a Full-Time Basis with a subsequent employer within [60] days after your Insurance terminates;] and
- [You are not covered under any other individual, group or employer sponsored LTD plan.]

How do I apply for Portable LTD Insurance?

You must complete an application for portable LTD Insurance, and send it, with payment of the first premium, to Sun Life within [31] days of the date your LTD Insurance terminates. The application is available from your Employer.

What is the amount of my Portable LTD Insurance?

You may apply for portable LTD Insurance up to the amount of [Voluntary] LTD coverage in force on the date your Insurance terminates. Your Elimination Period, Monthly Benefit Percentage and the Maximum Monthly Benefit will remain the same as you had under your Employer's Group Policy. [However, the Maximum Monthly Benefit will not be more than \$10,000.] The Maximum Benefit Duration under the Portable plan is [12] months.

When does my Portable LTD Insurance start?

Your Insurance will start on the day after your LTD Insurance under your Employer's Group [Voluntary] LTD Policy terminates, if Sun Life approves your application and payment of the first premium is made. The premium for the Portable LTD Insurance will be [the same as the premium for the Group [Voluntary] LTD] [the current rate Sun Life charges for the standard class of risk and age to which you belong under the Portable Group LTD Policy] and will be billed directly to you.

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PORTABILITY RIDER

When does my Portable LTD Insurance Terminate?

Your Portable LTD Insurance will terminate on the earliest of:

- The end of the [31 day] grace period after a premium due date, if premium is not paid;
- The date you reach age [65];
- The date you retire;
- The end of the Maximum Benefit Duration period [; or
- [- The end of [60] days from the effective date of the Portable LTD Coverage if you are not an Active Full-time Employee at the end of the [60] day period].

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SUN LIFE ASSURANCE COMPANY OF CANADA

BRAIN DAMAGE BENEFIT RIDER

Effective [January 1, 2009], the following provision is added to Group Certificate No. [12345]

BRAIN DAMAGE BENEFIT

What is the Brain Damage Benefit?

Sun Life will pay a Brain Damage Benefit if [you suffer] [an Insured Person suffers] an Accidental Bodily Injury while insured, that results in Brain Damage, subject to the following:

A Benefit is payable when Sun Life receives proof that [you suffer] [an Insured Person suffers] Brain Damage if:

1. within [30 days] after the accident, [you are] [an Insured Person is] diagnosed by a Physician as having suffered Brain Damage as a result of the accident; and
2. [you are] [an Insured Person is] in a Hospital or other licensed facility and receiving Medically Necessary treatment for Brain Damage as prescribed and supervised by a Physician, within the first [30 days] following the Accident; and
3. the Brain Damage continues for [12 consecutive months]; and
4. after [12 consecutive months], a Physician certifies that the Brain Damage is permanent, complete and irreversible.

The amount payable for the Brain Damage Benefit is [the lesser of]:

- [[25%] of the amount of [Basic] AD&D Benefit payable, or]
- [\$50,000].

The benefit is payable in a lump-sum.

The maximum amount of AD&D benefit payable for losses resulting from any one accident is 100% of the amount of AD&D benefit in force.

If [you die] [the Insured Person dies] within [365 days] of the date of the accident, a benefit equal to [your] [the Insured Person's] amount of AD&D Insurance in force, less any amount previously paid for the Brain Damage will be paid to [your] [the Insured Person's] Beneficiary.

For purposes of this benefit:

Activities of Daily Living means:

- Bathing - the ability to wash, either in the tub or shower or by sponge bath, with or without equipment or adaptive devices.
- Dressing - the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn.
- Toileting - the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene, and to care for clothing.

SUN LIFE ASSURANCE COMPANY OF CANADA

BRAIN DAMAGE BENEFIT RIDER

- Transferring - the ability to move in and out of a chair or bed with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices.
- Continence - the ability to either:
 - voluntarily control bowel and bladder function; or
 - if incontinent, be able to maintain a reasonable level of personal hygiene.
- Eating - the ability to get nourishment into the body.

Brain Damage means a nondegenerative, noncongenital insult to the brain from an external force leading to permanent impairment of cognitive, physical and psychological functions with an associated diminished or altered state of consciousness that results in the loss of [2] or more Activities of Daily Living. Brain Damage does not include alcoholism, Alzheimer's Disease, or infirmities of age.

Medically Necessary means a medical or dental service, supply or course of treatment which:

1. is ordered or prescribed by a Physician;
2. is appropriate and consistent with the patient's diagnosis;
3. is in accord with current accepted medical or dental practice; and
4. could not be eliminated without adversely affecting the patient's condition.

SUN LIFE ASSURANCE COMPANY OF CANADA

[*Donald A. Stewart.*]

[Donald A. Stewart, Chief Executive Officer]

SUN LIFE ASSURANCE COMPANY OF CANADA

[COBRA] PREMIUM EXPENSE BENEFIT RIDER

Effective [January 1, 2009], the following provision is added to Group Certificate No. [12345].

[COBRA] Premium Expense Benefit

Sun Life will pay a [COBRA] Premium Expense Benefit if [you die] [an Insured Person dies] as a result of an Accidental Bodily Injury and an Accidental Death benefit is payable.

A [COBRA] Premium Expense benefit is payable only if [you have] [an Insured Person has] a surviving spouse [domestic partner, civil union partner] or a dependent child who:

1. is eligible to continue group medical and/or dental insurance coverage through an employer sponsored group medical or dental plan within the time periods required by the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, including changes made by the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and
2. elects to continue group medical or dental coverage through an employer sponsored group medical or dental plan within the time periods prescribed by [COBRA].

Benefit

The [COBRA] Premium Expense Benefit is [the lesser of]:

1. [2%] of the AD&D benefit payable; or
2. the cost of the [COBRA] premiums paid, up to the annual maximum amount of [\$10,000].

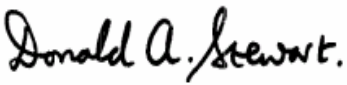
The [COBRA] Premium Expense Benefit will be paid on [an annual basis].

Termination of the [COBRA] Premium Expense Benefit

The [COBRA] Premium Expense Benefit will terminate on the earliest of:

1. the date the policyholder no longer provides a group medical or dental plan;
2. the date the surviving spouse [, domestic partner, civil union partner] or dependent child terminates [COBRA];
3. the date the surviving spouse [, domestic partner, civil union partner] or dependent child becomes covered under any other Employer sponsored Medical and/or Dental plan without an applicable pre-existing condition exclusion;
4. the date the surviving spouse [, domestic partner, civil union partner] or dependent child becomes eligible for Medicare;
5. the date the surviving spouse [domestic partner, civil union partner] or dependent child fails to give Sun Life the required proof of premium payments made to the Policyholder for [COBRA] Premium expense;
6. the date the total [COBRA] Premium Expense benefits paid in any [12 month] period equal the annual maximum amount for the [COBRA] Premium Expense Benefit; or
7. [36 months] from the date [you die] [the Insured Person dies].

SUN LIFE ASSURANCE COMPANY OF CANADA

[]

[Donald A. Stewart, Chief Executive Officer]

SUN LIFE ASSURANCE COMPANY OF CANADA
HIV OCCUPATIONAL ACCIDENT BENEFIT RIDER

Effective [January 1, 2009], the following provision is added to Group Certificate No. [12345]

HIV Occupational Accident Benefit

If, while insured, you suffer an occupational Accidental Bodily Injury that results in your acquiring and testing positive for Human Immunodeficiency Virus (HIV) within [180 days] of the Accidental Bodily Injury, Sun Life will pay an HIV Occupational Accident Benefit, if you satisfy all of the following:

- you must report the Occupational Injury to the Employer within [72 hours] after the Occupational Injury occurs.
- you must submit a Workers' Compensation report to the Employer within [30 days] after the Occupational Injury occurs.
- you must submit to HIV testing at a laboratory or similar facility licensed to perform such testing within [72 hours] after the Occupational Injury occurs. Testing is at your expense. If the test results indicate that you are HIV positive, then the HIV will be deemed to have been present before you suffered the Occupational Injury and no benefit is payable.
- If the test results indicate that you are HIV negative then you must submit to retesting no sooner than [150 days] and no later than [180 days] after the Occupational Injury. If the retesting indicates that you are HIV positive, an HIV Occupational Benefit will be payable. If retesting indicates that you are HIV negative, no HIV Occupational Benefit is payable.

The HIV Occupational Accident Benefit payable is [the lesser of]:

- [[25%] of your amount of [Optional] Accidental Death and Dismemberment Benefit in force; or]
 - [\$50,000];
- [reduced by any benefit payable under the Group Policy for the same accident].

The benefit is payable in a single lump-sum payment.

Exclusions

No HIV Occupational Accident Benefit will be paid if your HIV positive test result was:

- first diagnosed prior to the date you became insured under the Group Policy;
- directly related to any signs or symptoms of HIV infection for which you sought medical treatment prior to becoming insured under the Group Policy;
- not caused by a documented Occupational Injury; or
- caused by an Occupational Injury that occurred prior to the date you became insured under the Group Policy.

All other Policy exclusions apply.

SUN LIFE ASSURANCE COMPANY OF CANADA
HIV OCCUPATIONAL ACCIDENT BENEFIT RIDER

For purposes of this benefit:

HIV means Human Immunodeficiency Virus, a virus that infects lymphocytes and other cells bearing the CD4 marker, the initial infection of which is known as acute retro viral syndrome.

Occupational Injury means an accidental exposure to bodily fluids subject to universal precautions as defined by the Center for Disease Control (CDC) that you sustain while insured under the Group Policy and while you are performing duties as a [healthcare professional] in your capacity as an Employee of the Employer.

SUN LIFE ASSURANCE COMPANY OF CANADA

[*Donald A. Stewart.*]

[Donald A. Stewart, Chief Executive Officer]

SUN LIFE ASSURANCE COMPANY OF CANADA

HOME HEALTH CARE BENEFIT RIDER

Effective [January 1, 2009], the following provision is added to Group Certificate No. [12345]

Home Health Care Benefit

If, while insured, [you suffer] [an Insured Person suffers] an Accidental Bodily Injury that causes [you] [the Insured Person] to be confined at home for at least [7 days] after a Hospital stay of at least [15 days], Sun Life will reimburse [you] [the Insured Person] for Home Health Care expenses provided and billed by a Home Health Agency, up to the maximum benefit amount payable for the Home Health Care Benefit. The expenses must be incurred within [18 months] from the date of the Accidental Bodily Injury.

The Home Health Care Benefit payable is the lesser of:

- the charges for Home Health Care, reduced by any amount already paid or payable by any Other Plan for Home Health Care services; or
- [\$5,000].

No Home Health Care Benefit is payable if:

1. the Home Health Care services are for treatment that is educational, experimental or investigational, or does not constitute accepted medical practice; or
2. the Home Health Care services are provided by a person who is an Immediate Family Member.

For purposes of this benefit:

Home Health Agency means an entity engaged in arranging and providing nursing services, home health aide services or other therapeutic and related services. The entity must be certified by a competent governmental authority in the jurisdiction where services are rendered, as meeting the requirements of Title XVIII of the Social Security Act, as amended, for home health agencies.

Home Health Care means Medically Necessary services provided in the home and billed by a Home Health Agency. The services must be prescribed and supervised by a Physician in accordance with a medical treatment plan.

Immediate Family Member means:

1. [your] [the Insured Person's] spouse, domestic partner or civil union partner; and
2. the following relatives of [your] [the Insured Person's] spouse, domestic partner or civil union partner, including adopted, in-law and step-relatives:
 - parent;
 - grandparent;
 - child;
 - grandchild;
 - brother;
 - sister;
 - aunt;
 - uncle;
 - nephew or niece

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HOME HEALTH CARE BENEFIT RIDER

Medically Necessary means a medical service, supply or course of treatment which:

1. is ordered or prescribed by a Physician;
2. is appropriate and consistent with the patient's diagnosis;
3. is in accord with current accepted medical practice; and
4. could not be eliminated without adversely affecting the patient's condition.

Medical Services means services that are Medically Necessary, including but not limited to:

1. Medical care and treatment prescribed by a Physician;
2. Drugs and medicines prescribed by a Physician;
3. Physical therapy, including diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation and massage;
4. Treatment performed by a licensed medical professional when prescribed by a Physician, if hospitalization would have been otherwise required;
5. Rental of durable medical equipment;
6. Artificial limbs and other prosthetic devices;
7. Orthopedic appliances or braces.

Other Plan means any other insurance or payment source for Medical Services or disability, including but not limited to, health coverage, long term care insurance, disability insurance, Workers' Compensation insurance, or any coverage provided or required by any law or statute, including automobile no fault insurance, employer sick leave or salary continuation plan, or any similar benefit provided or required by a governmental plan or program.

SUN LIFE ASSURANCE COMPANY OF CANADA

[*Donald A. Stewart.*]

[Donald A. Stewart, Chief Executive Officer]

SUN LIFE ASSURANCE COMPANY OF CANADA

OCCUPATIONAL HEPATITIS BENEFIT RIDER

Effective [January 1, 2009], the following provision is added to Group Certificate No. [12345]

Occupational Hepatitis Benefit

If, while insured, you suffer an occupational Accidental Bodily Injury that results in your acquiring and testing positive for Hepatitis B or C within [180 days] of the Accidental Bodily Injury, Sun Life will pay an Occupational Hepatitis Benefit, if you satisfy all of the following:

- you must report the Occupational Injury to your Employer within [72 hours] of the Occupational Injury.
- you must submit a Workers' Compensation report to your Employer within [30 days] of the Occupational Injury.
- you must submit to Hepatitis testing at a laboratory or similar facility licensed to perform such testing within [72 hours] after the Occupational Injury. Testing will be at your expense. If the test results indicate that you tested positive for Hepatitis B or C, then the Hepatitis will be deemed to have been present before you suffered the Occupational Injury and no benefit is payable.
- If the test results indicate that you tested negative for Hepatitis B or C, then you must submit to retesting no sooner than [150 days] and no later than [180 days] after the Occupational Injury. If the subsequent test indicates that you tested positive for Hepatitis B or C, an Occupational Hepatitis Benefit will be payable. If the subsequent test indicates that you tested negative for Hepatitis B or C, no Occupational Hepatitis Benefit is payable.

The Occupational Hepatitis Benefit payable is [the lesser of]:

- [25%] of your amount of [Optional] Accidental Death and Dismemberment Benefit in force, or]
 - [\$50,000];
- [reduced by any benefit payable under the Group Policy for the same accident].

The benefit is payable in a single lump-sum payment.

Exclusions

No Occupational Hepatitis Benefit will be paid if:

- you first tested positive for Hepatitis B or C prior to the date you became insured under the Group Policy;
- your positive Hepatitis test was directly related to any signs or symptoms of Hepatitis infection for which you sought medical treatment prior to becoming insured under the Group Policy;
- your positive Hepatitis diagnosis was not due to a documented Occupational Injury; or
- your positive Hepatitis diagnosis was caused by an Occupational Injury that occurred prior to the date you became insured under the Group Policy.

SUN LIFE ASSURANCE COMPANY OF CANADA
OCCUPATIONAL HEPATITIS BENEFIT RIDER

For purposes of this benefit:

Occupational Injury means an accidental exposure to bodily fluids subject to universal precautions as defined by the Center for Disease Control (CDC) that you sustain while insured under the Group Policy and while you are performing duties as a [healthcare professional] in your capacity as an Employee of the Employer.

SUN LIFE ASSURANCE COMPANY OF CANADA

[*Donald A. Stewart.*]

[Donald A. Stewart, Chief Executive Officer]

SUN LIFE ASSURANCE COMPANY OF CANADA

PARENT CARE POLICY RIDER

Effective [January 1, 2009], the following provision is added to Group Certificate No. [12345]

Parent Care Benefit

If, while insured, [you suffer] [an Insured Person suffers] an Accidental Bodily Injury that results in the [your] [the Insured Person's] death, Sun Life will pay a Parent Care Benefit in equal shares to each of [your] [the Insured Person's] Dependent Parents, up to the maximum benefit amount for the Parent Care Benefit.

The Parent Care Benefit payable is [\$5,000] [the lesser of:

- [1%] of the [your] [the Insured Person's] amount of [Optional] AD&D payable; or
- [\$5,000].

No benefit is payable if there are no surviving Dependent Parents upon [your] [the Insured Person's] death.

For purposes of this benefit:

Dependent Parent means the parents [or grandparents] of [you] [the Insured Person] [or [your] [the Insured Person's] spouse, domestic partner or civil union partner] who depends on the [you] [the Insured Person], for financial support as evidenced by [your] [the Insured Person's] federal income tax return or other appropriate documentation.

SUN LIFE ASSURANCE COMPANY OF CANADA

[*Donald A. Stewart.*]

[Donald A. Stewart, Chief Executive Officer]

SUN LIFE ASSURANCE COMPANY OF CANADA

RECONSTRUCTIVE SURGERY RIDER

Effective [January 1, 2009], the following provision is added to Group Certificate No. [12345]

Reconstructive Surgery Benefit

If [you suffer] [an Insured Person suffers] an Accidental Bodily Injury while insured and a Physician determines that Reconstructive Surgery is Medically Necessary, Sun Life will reimburse the Reasonable and Customary Charges incurred for the Reconstructive Surgery up to the maximum benefit amount for the Reconstructive Surgery Benefit, if an Accidental Dismemberment benefit is payable.

The Reconstructive Surgery Benefit is the lesser of:

- the Reasonable and Customary Charges for the Reconstructive Surgery, reduced by any amount already paid or payable under the Group Policy or by any Other Plan for Reconstructive Surgery; or
- [10,000] [[2 %] of the [Optional] Accidental Dismemberment Benefit payable, to a maximum benefit of [\$20,000];

reduced by any benefit payable to you under the Group Policy for the same accident.

For purposes of this benefit:

Medically Necessary means a medical or dental service, supply or course of treatment which:

1. is ordered or prescribed by a Physician;
2. is appropriate and consistent with the patient's diagnosis;
3. is in accord with current accepted medical or dental practice; and
4. could not be eliminated without adversely affecting the patient's condition.

Other Plan means any other insurance or payment source for Medical Services or disability, including but not limited to, health coverage, disability insurance, Workers' Compensation insurance, or any coverage provided or required by any law or statute, including automobile no fault insurance, employer sick leave or salary continuation plan, or any similar benefit provided or required by a governmental plan or program.

Reasonable and Customary Charge means the lesser of:

1. The usual charge made by a Physician or other health care providers for a given service or supply; or
2. The charge Sun Life determines to be the prevailing charge made by Physicians or other health care providers for a given service or supply in the geographical area where it is furnished.

SUN LIFE ASSURANCE COMPANY OF CANADA

[*Donald A. Stewart.*]

[Donald A. Stewart, Chief Executive Officer]

<i>SERFF Tracking Number:</i>	<i>SNLF-126252582</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sun Life Assurance Company of Canada</i>	<i>State Tracking Number:</i>	<i>43205</i>
<i>Company Tracking Number:</i>	<i>SS 90 REVISION</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>Group AD&D</i>		
<i>Project Name/Number:</i>	<i>SS 90 Revision/</i>		

Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/24/2009
Comments:			
Attachment:			
Readability Cert.pdf			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	08/24/2009
Bypass Reason:	Not applicable		
Comments:			

		Item Status:	Status
			Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	08/24/2009
Comments:			
Attachment:			
Statement of Variability.pdf			

SUN LIFE ASSURANCE COMPANY OF CANADA

Flesch Scale Readability Certification

We have analyzed the text of the enclosed forms and found them to be “readable”. Policy and its related forms are scored for the Flesch reading ease test as one unit. Based on the Flesch Scale Readability Analysis, I hereby certify that the forms achieved the following combined Flesch score:

Form Number

Flesch Readability Score

09P-LH-END.2 et al.

52.5

Linda W. Murphy

Linda W. Murphy
Compliance Officer

Date: August 4, 2009

Sun Life Assurance Company of Canada

Statement of Variability

Variables in the forms are identified by brackets ([]). The brackets are numbered to correspond to the number on the Statement of Variability for each form.

The variable information contained in this Statement of Variability applies to the corresponding variables in the certificate Riders and Endorsement, Forms 09C-LH-END.2, et al.

Form 09P-LH-END.2 Endorsement

Variable No.	Explanation of Variable
1	This item is included if selected by the employer.
2	Included if physicians are covered under the plan.
3	Included if attorneys are covered under the plan.
4	Included if dentists are covered under the plan.
5	This definition is included if physicians or dentists are covered under the plan.
6	Included if physicians are covered under the plan.
7	Included if dentists are covered under the plan.
8	Included if partial disability is offered.
9	Varies from 12 to 60 months.
10	Will vary to reflect future change.

Form 09P-LH-PORT Portability Rider

Variable No.	Explanation of Variable
1	The effective date varies by the effective date or the rider.
2	The Group Policy number varies by the policy number to which the rider is attached.
3	Included if the plan includes an age limitation.
4	Varies from 60 to 99 years.
5	The term "Optional" may be replaced with Basic, voluntary, Supplemental, or additional, or may be deleted entirely, depending on the coverages eligible for portability.
6	The maximum amount varies from \$100,000 to \$1,000,000.
7	Included as shown or excluded at the option of the employer.
8	Number of months may vary from 6 to 24.
9	Residency may or may not be limited to the United States. Canadian residents may be eligible for portability.
10	The types of coverages vary according to the employer's plan.
11	Include if plan includes coverage for spouses. The term spouse may include domestic partners, and/or parties to a civil union.
12	Varies from 31 to 120 days.
13	Type of conversion policy may vary, depending on what types of individual coverage are customarily offered by the company.
14	Included if the plan includes Dependent portable coverage.
15	Included if AD&D coverage is portable.
16	Varies from 2 to 25 years.
17	Include if Evidence of Insurability is required.
18	Will vary to reflect future change.

Sun Life Assurance Company of Canada
Statement of Variability

Form 09P-LH-LTDPORT LTD Portability Rider

Variable No.	Explanation of Variable
1	The effective date varies by the effective date or the rider.
2	The Group Policy number varies by the policy number to which the rider is attached.
3	Varies from 12 - 60 months.
4	The term "Voluntary" may or may not be included, or may be changed to "optional" or a similar term.
5	Varies from 12 - 60 months.
6	Included if the plan includes an age limitation.
7	Age may vary from 35 - 99.
8	Included if the plan includes Partial Disability benefits.
9	Included at the option of the policyholder.
10	Varies from 30 – 180 days.
11	Included at the option of the policyholder.
12	Varies from 31 – 180 days.
13	Included if the premium for the ported coverage will be the same as the premium under the Group Voluntary plan.
14	Included if the portability rate is based on Sun Life's current rate.
15	Include if the plan includes a maximum amount that can be ported.
16	The amount will that can be ported varies from \$1,000 - \$50,000.
17	Termination age varies from 65 – 99.
18	Included at the option of the policyholder.
19	Varies from 30 – 180 days.
20	Will vary to reflect future change.

Form 09P-LH-BDB Brain Damage Benefit Rider

Variable No.	Explanation of Variable
1	The effective date varies by the effective date of the rider.
2	The Group Policy number varies by the policy number to which the rider is attached.
3	Included if coverage is for employees only.
4	Included if coverage is for employees and dependents.
5	Varies from 30 – 365 days.
6	Varies from 1 – 60 months.
7	Included if the benefit amount is the lesser of two amounts.
8	Included if the benefit is based on a percentage of the AD&D benefit.
9	Varies from 25 – 100%.
10	Included if the benefit applies to Basic AD&D only.
11	Varies from \$1,000 - \$1,000,000.
12	Varies from 1 – 6.
13	Will vary to reflect future change.

Form 09P-LH-CPE Cobra Premium Expense Benefit Rider

Variable No.	Explanation of Variable
1	The effective date varies by the effective date of the rider.
2	The Group Policy number varies by the policy number to which the rider is attached.
3	"COBRA" may be replaced with "Group Health Coverage" or the specific name of the employer's health plan.

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Statement of Variability

4	Included if coverage is for employees only.
5	Included if coverage is for employees and dependents.
6	Included if domestic partners and civil union partners are covered.
7	Included if the benefit amount is the lesser of two amounts.
8	Varies from 1 – 10%.
9	Varies from \$5,000 - \$1,000,000.
10	May be replaced with monthly or semi-annually.
11	Varies from 12 – 60 months.
12	Varies from 12 – 60 months.
13	Will vary to reflect future change.

Form 09P-LH-HIV

HIV Occupational Accident Benefit Rider

Variable No.	Explanation of Variable
1	The effective date varies by the effective date of the rider.
2	The Group Policy number varies by the policy number to which the rider is attached.
3	Varies from 30 -365 days.
4	Varies from 24 – 720 hours.
5	Varies from 1 – 365 days.
6	May be replaced with “the greater of”.
7	Included if the benefit amount is a percentage of the AD&D benefit amount.
8	Varies from 5 – 25%.
9	Included if the coverage is for Optional AD&D.
10	Varies from \$1,000 - \$1,000,000.
11	Included if the benefit is reduced by any amount payable for the same accident.
12	May be replaced with another profession.
13	Will vary to reflect future change.

Form 07P-LH-HHC

Home Health Care Benefit Rider

Variable No.	Explanation of Variable
1	The effective date varies by the effective date of the rider.
2	The Group Policy number varies by the policy number to which the rider is attached.
3	Included if coverage is provided for employees only.
4	Included if coverage is provided for both employees and dependents.
5	Varies from 1 to 365 days.
6	Varies from 1 – 60 days.
7	Varies from 1 – 24 months.
8	Varies from \$1,000 - \$1,000,000.
9	Will vary to reflect future change.

Form 09P-LH-HEP

Occupational Hepatitis Benefit Rider

Variable No.	Explanation of Variable
1	The effective date varies by the effective date of the rider
2	The Group Policy number varies by the policy number to which the rider is attached.
3	Varies from 30 – 365 days.
4	Varies from 24 – 720 hours.
5	Varies from 1 – 365 days.

Sun Life Assurance Company of Canada
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6	May be replaced with “the greater of”.
7	Included if the benefit amount is a percentage of the AD&D benefit amount.
8	Varies from 5 – 25%.
9	Included if the coverage is for Optional AD&D.
10	Varies from \$1,000 - \$1,000,000.
11	Included if the benefit is reduced by any amount payable for the same accident.
12	May be replaced with another profession.
13	Will vary to reflect future change.

Form 09P-LH-PC

Parent Care Benefit Rider

Variable No.	Explanation of Variable
1	The effective date varies by the effective date of the rider.
2	The Group Policy number varies by the policy number to which the rider is attached.
3	Included if coverage is provided for employees only.
4	Included if coverage is provided for both employees and dependents.
5	Varies from \$1,000 - \$10,000.
6	Varies from 1 – 5%.
7	Included if the coverage is for Optional AD&D.
8	Varies from \$1,000 - \$40,000.
9	Included if the definition of Dependent Parent includes grandparents.
10	Included if the definition of Dependent Parent includes the parents of a domestic partner of civil union partner.
11	Will vary to reflect future change.

Form 09P-LH-RSB

Reconstructive Surgery Benefit Rider

Variable No.	Explanation of Variable
1	The effective date varies by the effective date of the rider
2	The Group Policy number varies by the policy number to which the rider is attached.
3	Included if coverage is provided for employees only.
4	Included if coverage is provided for both employees and dependents.
5	Varies from \$1,000 - \$10,000.
6	Included if the benefit amount is a percentage of the AD&D benefit amount.
7	Varies from 2 – 10%.
8	Included if the coverage is for Optional AD&D.
9	Varies from \$20,000 - \$100,000.
10	Will vary to reflect future change.